

Attention!

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

Starting in late February 2001, the Internal Revenue Service will mail the annual Form 5500 and Form 5500-EZ packages to filers of record. Additional copies of these forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's Web Site at www.efast.dol.gov for additional information concerning the ERISA Filing Acceptance System (EFAST), electronic filing, approved software vendors, and telephone assistance.

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor Pension and
Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2000

**This Form is Open to
Public Inspection.**

For calendar plan year 2000
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

A Name of plan

B Three-digit
plan number ►

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons,
other than those listed below, who received compensation during the plan year: 00

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in
descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should
enter N/A in (c) and (d).

(a) Name

(b) Employer identification number (see instructions)

(c) Official plan position

(d) Relationship to employer,
employee organization, or person
known to be a party-in-interest

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

(g) Nature of service code(s)
(see instructions) **1 2**

(a) Name

(b) Employer identification number (see instructions)

(c) Official plan position

(d) Relationship to employer,
employee organization, or person
known to be a party-in-interest

(e) Gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

(g) Nature of service code(s)
(see instructions)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 2000

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(a) Name

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(e) Gross salary or allowances paid by plan

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(see
instructions)

(a) Name

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(see
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(see
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(see
instructions)

Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

Official Use Only

(a) Name

(b) EIN (c) Position

(d) Address

Street Address

City

State

Zip Code

(e) Telephone No.

E
X
P
L
A
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N

(a) Name

(b) EIN (c) Position

(d) Address

Street Address

City

State

Zip Code

(e) Telephone No.

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